

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

TN3309

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

B. WING: _____

(X3) DATE SURVEY
COMPLETED

05/15/2013

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF RED BANK

STREET ADDRESS, CITY, STATE, ZIP CODE

1020 RUNYAN DR
CHATTANOOGA, TN 37405(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

N 002

1200-8-6 No Deficiencies

N 002

During the annual Licensure survey conducted on
May 15, 2013, at Life Care Center of Red Bank,
no deficiencies were cited under chapter
1200-8-6, Standards for Nursing Homes.

7/1/13

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

4L3111

TITLE

Administrator

(X6) DATE

6/5/13

If continuation sheet 1 of 1

JUN 11 2013